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OSA VOUCHER POLICY HANDBOOK

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FORWARD

Records on file in the Office of the State Auditor are subject to public inspection and to inspection by auditors representing federal agencies or state agencies. Upon request, we will make our records accessible to state agencies who request them for audit purposes. We will instruct appropriate personnel on the manner in which records are filed and the procedure to be followed to retrieve the necessary information. We will attempt to provide limited working space, if possible.

There are many laws, rules and policies in state government which pertain to the state's payment provisions. The policies presented in this handbook are to serve as a guide for the preparation and submission of vouchers for payment. In addition, the handbook lists the respective statutory and administrative rule references on each subject for your further review and/or information.

This handbook is designed to be a reference tool in addition to the following resources:

Board of Finance Rules Administrative Rules Bureau of Finance & Management Rules State's Accounting Manual

This handbook, in combination with the listed resources, should include the financial references needed by your fiscal staff. Please make copies of this handbook for distribution to your departmental personnel requiring this information.

Feel free to contact the State Auditor's Office if you have a unique payment situation that is not covered in this handbook or have questions relating to the policies. We welcome your input.

- Must be original colored ink signatures for signers and approval
- Electronic signatures are allowed if referenced by SDCL 53-12
- Can send in correction/addition/redaction at any time with original colored ink signatures
- Must have in office before vouchers etc. can be approved
- ALL signature forms will need to be completely redone, via Auditor's Office direction, the start of every fiscal year.

VOUCHER PREPARATION

- All items requiring an authorized signature **MUST BE IN COLORED INK** and signature must be under a perjury statement
- Must have a 2" top margin
- Vouchers must be stapled on the left side three (3) inches down.
- Each category of vouchers listed below must be grouped separately
- Indicate pay entity on the voucher
- We receive vouchers via mail, inter-office or direct drop off
- Below is the order in which items should be sent
 - * must be highlighted AND have a post it note indicating required attention
- 1) Rush * Separate Rush vouchers from the others indicate RUSH on voucher
- 2) Voucher for specific auditor *
- 3) Multiple
- 4) Void/Cancel Warrants *
- 5) Stale Date Voucher*
- 6) Corrected Voucher*
- 7) Consulting Contract Payment *
 (Highlight ONLY the Auditor given Contract #)
- 8) Consulting Contract/ Contract Amendments
- 9) Returned Vouchers
 - RED NOTE MUST ALWAYS BE ON TOP OF THE VOUCHER

- If you have a **new cover sheet**:

PUT ON TOP OF VOUCHER WITH RED NOTE AND WRITE AUDIT CONTROL NUMBER ON NEW COVER SHEET

- ALWAYS leave the original cover sheet (with the stamped Audit Control Number) with the voucher
- 10) Procurements
- 11) Travel Vouchers (pay entity EMPL) Please separate Travel Vouchers from Direct Vouchers
- 12) Direct Vouchers

THE AUDITOR'S OFFICE RECOMMENDS THAT THE AGENY KEEP A COPY OF VOUCHERS SUBMITTED IN CASE THE VOUCHER IS LOST.

CRITERIA FOR RUSH VOUCHERS

Due to a large number of requests for RUSHES, the Auditor's Office has established the following criteria to ensure the necessity of those vouchers needing to be RUSHED.

Vouchers previously lost – indicate RUSH on voucher and provide copy of invoice with "only invoice available" on the invoice along with an original authorized signature

Agency would receive a penalty if not paid in a timely manner

Voucher paid by a certain date would save money to the State

Employee reimbursement is received by Auditor's Office over two weeks from travel date

Registration fees for conferences and workshops

Death benefits

Voucher will not be rushed without sufficient justification – send email to Audit Supervisor explaining justification

Vouchers will not be RUSHED for agencies that do not submit their vouchers in a timely manner

If voucher placed in RUSH basket and does not follow under this criteria, it will be placed at end of vouchers received and will result in delayed processing

DIRECT VOUCHERS

- 1. Attach original invoices. If invoice is lost, a copy is acceptable. The copy should be stamped with "Only invoice available."
- 2. If voucher is a credit memo, the Auditor's Office requires documentation of the credit.
- 3. Explain how purchase is a state expense.
- 4. Any equipment, furniture, vehicle, etc. over \$5,000.00 needs to have a Fixed Asset Sheet attached. Fixed Asset Sheet should be the LAST sheet of the voucher.
 - 5. The Auditor's Office only needs the cover sheet of the voucher. The total of the voucher must be on the cover sheet. If your voucher is over one page, the Auditor's Office only needs the first page.
 - 6. The Auditor's Office only needs the first page of the phone bill. The entire phone bill does not need to be attached for processing of the voucher.
 - 7. The Auditor's Office prefers short invoice numbers. The Auditor's Office also recommends no spaces on the invoice number.
 - 8. Blanket Travel letters need to be updated yearly.

TRAVEL VOUCHERS

- 1. Travel vouchers must be submitted within 60 days of travel. If over 60 days, a Delayed Travel Reimbursement Request must be attached to the voucher. This form must be authorized by the Department Head.
- 2. Indicate whether a personal or state vehicle was used.
- 3. Receipt required for transportation (taxi, subway, parking, etc.) expenses over \$5.00. Only \$5.00 and under will be reimbursed without a receipt.
- 4. Indicate if any meals are included in registration fee; if so, delete meals from per diem or from the registration fees. If registration is paid on direct voucher it has to be cross-referenced to travel voucher.
- 5. The Auditor's Office will not deviate from per diem amounts set by the Board of Finance.
- 6. Indicate whether lodging is direct billed to your agency. If not, attach motel receipt indicating proof of payment.
- 7. All other miscellaneous charges must include original receipt and explanation of state expense.
- 8. Only one out-of-state trip per travel voucher.
- 9. Must have original signatures of the employee and an authorized signature.

- 10. Indicate Home Station.
- 11. Purpose of travel must be stated.
- 12. Indicate the leave and return time only of each individual trip.
- 13. Indicate beginning and ending travel date on the voucher cover sheet.
- 14. If out-of-state travel, must include signed out-of-state travel request form.
- 15. Any conferences attended must provide an agenda.
- 16. If airline is used, provide flight schedule travel itinerary.
- 17. Lodging receipts must show that the bill has been paid and have a zero balance.

AIR TRAVEL

Our office requires the flight schedule itinerary to be attached to the employee's travel voucher. State reimbursement is permitted at the rate generally charged by the charter service. When charter air travel is used, all passengers' names and agencies for whom they work must be identified. Costs should be prorated among the passengers and justification as well as purpose of travel given.

Private airplane and rental of airplane reimbursements is limited to state rates, but in the case of rentals not to exceed actual cost. Receipts are required to be attached for rental charges. If a pilot claims private mileage then he/she must also provide a statement indicating that the aircraft is his/her private airplane.

As a general procedure, The State Auditor's Office does not pay for airline tickets prior to departure. Exceptions must be cleared in advance by the State Auditor's Office.

Our office recognizes that advance purchase of airline tickets can result in a significant savings to the State. Employee vouchers including advance air travel payments must include acknowledgement that the claimant will be responsible for reimbursing the state for any costs if the claimant does not complete the travel through no fault of their own.

On the face of the voucher, or on an attached separate sheet, must be the following phrase:

"I understand that if I do not travel for a reason other than through no fault of my own that I am responsible for reimbursing the state for any portion of this expense which is non-refundable."

- 1. The traveler's signature must appear beneath this statement.
- 2. The voucher must clearly indicate that this is an advance payment.
- 3. Subsequent travel vouchers for the individual should be cross-referenced with the audit control number of the voucher showing any advance payment.

Attorney General's Opinion 90-04 has clarified the use of frequent flier credits from state purchased airline tickets. The State of South Dakota does not have control of the frequent flier

credits. This opinion does not prevent use of these credits for state business, but it also does not prohibit employees from utilizing the credits for personal use. The Opinion states:

"that neither SDCL 4-3-4.2 nor SDCL 4-3-9 requires a state officer or employee to account to the State for frequent flier miles that an airline chooses to confer upon the employee. Such frequent flier miles are simply an amenity that the airline industry chooses to confer upon those individuals using its services. There is no indication that this benefit is conferred on the person who or entity which purchased the ticket."

REFERENCES

SDCL 3-9-1, 3-9-2, 50-2-15 ARSD 5:01:02:07, 5:01:03:16, 5:01:02:08, 5:01:02:10, 5:01:02:16, 5:01:03:11 3:05:03:06, 3:05:03:11

CAR TRAVEL

PRIVATE AUTO:

Please indicate use of state or private vehicle when submitting vouchers for reimbursement.

Where odometer readings are not provided, reimbursement for mileage must be limited to shortest distance on Google Maps. Exceptions for additional mileage will be approved with justification from the state agency.

STATE AUTO:

Vouchers claiming reimbursement for other expenses where a state vehicle is involved must indicate the license number. Travel should be coordinated via your department travel coordinator or via the Office of Fleet and Travel Management (phone 605-773-3162).

AUTOMOBILE RENTAL

Upon prior approval, a state employee may be reimbursed for automobile rental if the State Auditor determines the rental would result in a savings to the state. The employee is required to be away from their home station.

REFERENCE

SDCL 3-9-1 ARSD 5:01:01:01, 5:01:02:01, 5:01:02:06, 5:01:03:07 ARSD 3:05:03:09, 3:05:03:14

MEALS

The State Auditor's office will not deviate from the meal allowance set by the Board of Finance.

State employees are not allowed reimbursement for meals at their home station. In certain situations, reimbursement for meals at the employee's home station is allowed with approval from the Board of Finance.

While state employees are attending a workshop or training session at their home station and a registration fee is required, the cost of any meal must be deducted from the registration fee before reimbursement can be obtained.

REFERENCES

SDCL 3-9-2 ARSD 5:01:02:11, 5:01:02:14, 5:01:02:17, 5:01:02:23

LODGING

The Auditor's Office strongly encourages direct billing. The Auditor's Office has found that motels are more willing to offer state rates with direct billing.

When making motel reservations, confirm with the motel that you need the "state rate" (not "government rate"). The Auditor's Office encourages quoting the dollar amount of the state rate when making the reservation to alleviate any confusion.

When making motel reservations, if you find a motel that will not offer state rates, you must send three (3) quotes to the auditor's office for approval. This must be done <u>PRIOR</u> to traveling.

Travelers who lodge with friends, relatives or lodge at no expense to the state, are not required to indicate the name or address of the party with whom the employee lodged. As a rule, the Auditor's Office will not allow payment of lodging in a private residence.

Exceptions must be approved in advance by the State Auditor's Office. The Auditor's Office would require a receipt.

If you desire a list of motels offering state rates or if you encounter problems with a particular motel offering or claiming to offer state rates, contact the Fleet and Travel, phone 773-3162.

NON STATE EMPLOYEE TRAVEL

While on state business, reimbursement for expenses of travel, lodging, and meals will be at the appropriate out-of-state or in-state rates.

Any exception to this policy must be approved in advance by our office.

REFERENCES:

ARSD 3:05:03:07

PROCUREMENT CARDS

MUST BE RECEIVED IN OUR OFFICE BY THE 15TH OF EACH MONTH

ANY CITIBANK STATEMENTS RECEIVED AFTER THE 15^{TH} WILL NOT BE PROCESSED UNTIL THE FOLLOWING MONTH

- Auditor's Office will close out the procurement system between the 2nd to last or last working day of each month.
- -Multiple statements cannot be submitted together
- -Citibank statement must be the top page of submission
- If a single charge is disputed, it must be indicated on the charge line or it will be returned for no invoice.
- Like any other voucher, if one item is questioned and returned, then no items will be released and the entire statement will be returned for corrections.
- MUST BE ORIGINAL INVOICES
- All credits must have the original credit statement attached
- Auditing/Allowable charges will follow direct voucher regulations with these exceptions:
 - No Travel is allowed
 - No signatures are needed
 - Must have procurement's approval for any charge over \$1,000

MULTIPLE PAYEE VOUCHERS

Please reference manual at Bureau of Finance and Management link below: https://bfm.sd.gov/Caps/Manuals/Procedures_SDAS_MP.pdf

ADVANCE PAYMENTS

Advance payments are generally not allowable. Only exceptional cases will be considered.

It is the policy of the State Auditor's Office that any requests for advance payments be submitted in writing to the State Auditor's Office prior to the submission of the claim.

REFERENCES

SDCL 4-9-2 SDCL 4-9-1.1 SDCL 3-9-17 ARSD 3:05:06:05

MOVING ALLOWANCES FOR TRANSFERS AND PROFESSIONAL RECRUITMENT

All moves must be approved by the Board of Finance.

Refer to Board of Finance Regulations 5:01:07:01 and 5:01:07:10 for Household Moving Allowances for State Transfers and Professional Recruitment.

Total expenses for professional moves cannot exceed one month's salary. Transfer moves are limited only to the cost of moving 11,000 pounds. Where for hire carriers are not used, reimbursement will be at actual cost, not to exceed the cost moving 11,000 pounds by a for hire carrier. Receipts are required.

Moving of a mobile home is limited to the actual rate per-mile charged. As a general rule, interstate move of mobile homes is not allowed. If any miscellaneous costs are claimed, reimbursement is at actual cost, not to exceed one month's salary.

It seems reasonable that some provisions should be made for the payment of meals and lodging for a limited amount of time to allow appropriate arrangements to be made. The office of State Auditor will approve payment of meals and lodging for employees for a period not to exceed 20 working days. If the employee wishes to delay the move, the additional costs must be incurred by him/her.

Please do not hesitate to call the Auditor's Office in advance if you have any questions.

REFERENCES

SDCL 3-9-9, 3-9-10, 3-9-11 and 3-9-12 ARSD 5:01:07

MEMBERSHIPS

Any membership dues paid must constitute a legitimate obligation of the State of South Dakota before they will be approved by this office. The following in-house guidelines dealing with membership have been formulated:

INSTITUTIONAL MEMBERSHIPS

Institutional memberships are preferred over individual memberships.

Institutional membership is allowable for bona fide professional organizations.

It is the opinion of this office that payment of dues for membership in various honorary, civic (i.e. Chamber of Commerce), social or trade associations generally cannot be considered an appropriate expenditure of public funds. Vouchers for items such as these will not be approved. An exception to this policy is where membership in a trade association offers a significant benefit to agencies which deal with members of individual trade. Membership by the Dept. of Labor - Employment Security in the Chamber of Commerce is a legitimate state expense.

INDIVIDUAL MEMBERSHIPS

Individual memberships are allowable only where:

Institutional membership is not available or is available at a significantly higher cost.

Individual is eligible principally on the basis of his/her position (as opposed to his/her occupation of training), and membership is restricted to only those occupying similar positions.

The actual beneficiary of membership is the state rather than the individual. (Determinants of individual benefit include individual professional advancement' fringe benefits, such as insurance, reduced rates for trips and tours, continued education for individual credit or as a prerequisite, existence of local chapters or other sub levels within the organization).

Individual membership in or trade associations is not an obligation of the state.

If a situation involving membership arises about which you are not sure, please contact this office for prior approval.

REFERENCES

SDCL 4-9-1.1 (general authority) SDCL 4-9-7

REGISTRATION FEES

Reimbursement of registration fees upon appropriate documentation must include:

- (A) Evidence of the amount of payment
- (B) Evidence of the amount of the fee

Meals included in the registration fee must be deducted from either the registration fee or the meal reimbursement portion of the voucher. A cancelled check is sufficient documentation for proof of payment; however, the State Auditor's Office requires a program or official letter indicating amount of registration fee.

When employees travel together and the registration fee is to be paid by direct voucher, it will be necessary to submit vouchers together or cross-reference by use of our audit control number. Registration fees paid in advance must follow the policy set forth below:

The workshop or seminar must require advance payment or must offer significant discount for advance payment.

It must be understood by the traveler that if the traveler chooses not to attend the workshop, the traveler will be responsible for reimbursing the state for any costs of the workshop for which the state is unable to obtain a refund; another individual from the agency may substitute.

On the face of the voucher, or on an attached separate sheet must be the following phrase:

"I understand that if I do not attend the workshop for a reason other than through no fault of my own that I am responsible for reimbursing the state for any portion of this registration fee which is non-refundable."

- 1. The traveler's signature must appear beneath this statement.
- 2. The voucher must clearly indicate that this is an advance payment.
- 3. Travel vouchers for the individual must be cross-referenced with the audit control number of the voucher for any advance registration fee.

Provisions of this policy do not apply to tuition, fees, or other costs in conjunction with attendance at any ongoing class conducted through an institution of higher education whether or not credit for attending the course is given.

REFERENCES

SDCL 3-9-2, 4-1-3, 13-56A-7 (general authority) SDCL 3-9-2, 13-56A-7 (law implemented) SA Rule 3:05:03:02 BOF Rule 5:01:02:22 and 5:01:02:23

GENERAL CONTRACTS/GRANTS

Under state law (SDCL 5-18-21), it is the responsibility of the State Auditor's Office to determine if a contract is illegal, improper, or unauthorized. The State Auditor's Office does not require that general contracts be filed in our office. In order to monitor the payment of vouchers pertaining to general contracts, the following procedures will be used:

- Vouchers submitted for payment of general contracts must include sufficient information relative to the respective contract before they will be processed. This information should be shown in the description section on the face of the vouchers.
- 2. When possible, itemized invoices should be attached.
- 3. The State Auditor's Office reserves the right to return any voucher for further information and/or a copy of the contract. Payment will not be made unless the contract is found to be legal, proper and authorized.

For payment of grants, the same procedures outlined above for general contracts will be used. Agencies are responsible for supplying sufficient information so that payment can be made. A full description of the grant must be given. Merely citing laws, project numbers, etc. is not sufficient. A copy of the grant may be required if the State Auditor's Office feels it is necessary.

PLEASE NOTE: This policy memo does not pertain to consultant contracts. For policy concerning consultant contracts, please refer to "Consultant Contracts" in this Policy Handbook.

REFERENCES

SDCL 4-9-1.1 (general authority), SDCL 3-9-8, 4-9-7 (law implemented)
ARSD Rules 3:05:05:04

CELL PHONE BILL REIMBURSEMENT

In regard to the payment of telephone bills, the following policies apply:

Amount claimed cannot exceed the total amount billed for the cell phone number.

The total amount reimbursed to the employee is at the agency's discretion.

The bill must indicate the phone number and month/date.

The original bill or copy stamped "only invoice available" is required.

REFERENCES

SDCL 4-9-1.1; 4-9-7 (general authority) SDCL 4-9-7 (law implemented) ARSD 3:05:06:01

DECORATIVE ITEMS

Vouchers for payment of decorative items are not allowable. Such items include pictures, flowers, plants etc. An exception to this policy will be expenses incurred during office remodels. Approved purchases by the State Auditor's Office will remain state property.

To ensure that a claim will be considered a legitimate state expense, any items which may fall into this category, but are not mentioned above, should be approved by this office before the purchase is made.

Vouchers for Wall Art items must have the Cabinet Secretary's signature of approval.

REFERENCES

SDCL 4-9-1.1, 4-9-7

PURCHASE OF AWARDS AND TROPHIES

Purchase of trophies or plaques is not a proper expenditure of public funds. The only exception is when the agency has collected funds to cover the cost.

Please indicate on the voucher that "funds were collected" for this purchase.

RETIREMENT PARTIES AND FUNERALS

A funeral or retirement party is personal tribute or personal obligation, not a state function. Therefore, if an employee chooses to attend either function it is to be on his or her own time and expense, not at the expense of the State.

Requests for exceptions to this policy must come from the Governor, the Department Secretary or the Institution head. Sending members of the Honor Guard for funerals is allowed.

PERSONALIZED NAME TAGS

Personalized name tags may be paid for with State funds provided the department name appears on the name tag.

NOTARY SEALS

Notary seals or stamps can be paid by State funds if it is determined that a notary is required within an agency. Notary Bonds and the filings are also an allowable expense.

MEETING ROOM RENTAL

All expenses incidental to the rental of a meeting room, including non-alcoholic liquid refreshments (no food), will be an allowable state expense.

APARTMENT RENT

Upon prior approval, a state employee may be reimbursed for apartment rent if the State Auditor determines the rental would result in a savings to the state. The employee is required to be away from their home station.

Rent receipts are required. Partial month rental is prorated.

PHOTOS

Expenditure of public funds for photos will not be approved without the following:

- 1. A description of the subject of the photos
- 2. Justification for the photos signed by the department head or designee. This should include an explanation of their use, showing how they pertain to state business.

To avoid problems, any questionable claims involving photos should be approved in advance by this office.

REFERENCES

SDCL 4-9-1.1 (general authority) SDCL 4-9-7 ARSD 3:05:06:02

BOARD AND COMMISSION PAYMENTS

Salary or per diem reimbursement for board members: only those members on *authorized and *designated boards, commissions and advisory bodies will receive salary or per diem compensation. Board members may receive salary compensation when they represent their board at official functions, other than regular board meetings, if they have been so directed by their board and if the minutes of their respective board meetings reflect the directive. In accordance with SDCL 1-25-1 board members salary (per diem) reimbursement will be allowed for meetings conducted by teleconference, effective August 1, 1990.

*Only those board councils, commissions and advisory bodies recognized by the legislature and listed in the appropriations act will receive salary (per diem) compensation and reimbursement

for their expenses. The daily salary compensational rate will be listed in the appropriation act (refer to session law.)

FREQUENTLY ASKED QUESTIONS

1. What information is required from the agency to request a voucher on Suspend that didn't get paid?

The Auditor's Office needs the pay entity, invoice number, vendor number and date the voucher was brought over to the Auditor's Office (NOT DATE VOUCHER PUT ON MSA).

2. How is high mileage determined?

If the employee lives in a city with Fleet vehicles, high mileage cannot be claimed. These cities are Sioux Falls, Brookings, Watertown, Aberdeen, Pierre and Rapid City.

If a Fleet vehicle is not available, approval must be given from Fleet and Travel and this approval must accompany the travel voucher.

Elected Officials and Department Heads are granted high mileage.

3. What are leave and return times for reimbursement of meals?

Breakfast Leave before 5:31 a.m. and Return after 7:59 a.m. Lunch Leave before 11:31 a.m. and Return after 12:59 p.m. Dinner Leave Before 5:31 p.m. and Return after 7:59 p.m.

4. Where can I find a listing of motels that offer state rates?

Fleet and Travel lists these on their website referenced below:

http://boa.sd.gov/fleet-travel/lodging-at-staterates.aspx

5. How long does it take for vouchers to go through the Auditor's Office?

Vouchers are processed in the order they are received.

Checks are written on Wednesdays and Fridays each week.

Vouchers placed in the RUSH basket that do not meet the criteria established by the Auditor's Office will be placed at the end of the vouchers received causing a delay in processing.

To: Office of State Auditor

I hereby authorize the listed below to sign ap the extent indicated on	VOUCHER APP	OUT OF STATE	EXCESS LODGING	PAYROLL AUTHORIZE	CONTRACTS	ACH / WIRE TR		
Individual Name	Sample Signature	APPROVAL	STATE TRAVEL	NG	HORIZE		TRANSFER	

Agency #____

OF SOUTH PARTY TO SOU								
	_							
lease check one:								
		es all previous authoriz tion to previous author						
This authoriz	zation is in addi	tion to previous author	ization	s.	rate A	uditor.		
This authorize This a	zation is in addi	tion to previous author	ization	s.	rate A	uditor.		
	zation is in addi	tion to previous author	ization	s.	ate A	uditor.		
This authorize the following nare	zation is in addi	tion to previous author	ed with	s. the St	rate A	uditor.	Date	

Office of the State Auditor Richard L. Sattgast, State Auditor

500 East Capitol Avenue, Pierre, SD 57501-5070 Telephone: (605) 773-3341 ● Fax: (605) 773-5929 www.sdauditor.gov

Delayed Travel Reimbursement Request

Pursuant to the following Administrative Rule of South Dakota, a voucher received by the Office of the State Auditor after 60 days of the last day of a claimant's travel must be accompanied with this form. The below information must be completed and authorized by the agency official listed in the rule.

3:05:03:03.01. Voucher submission timing. A claim for travel expenses must be received by the state auditor within 60 days after the last day of travel. If this timeline is not met, written documentation on a form provided by the state auditor must be submitted by the claimant stating the reason for the delay in submitting the claim prior to determination by state auditor on allowance of the claim. The form must be signed by the head of a state agency, bureau, or any other unit or organization of state government; constitutional officer; or elected official of the office from which the claimant is seeking reimbursement. If the claimant is a department secretary or bureau commissioner, the form must be signed by the Governor.

General Authority: SDCL 4-9-1.1.	
Law Implemented: SDCL 3-9-8, 4-9-1.1.	
Claimant name:	
Invoice number:	
Reason for delay:	
Claimant Signature	Date
Agency Official Authorization	Date

Household Moving Allowance State of South Dakota

When Application and Authorization sections	Please check one:				
are completed, please submit the original to:	State Transfer (SDCL 3-9-	9)			
State Board of Finance	Full-time continuous employs	ment for 6 months.			
Office of Secretary of State	Professional Recruitment (SDCL 3-9-12)			
500 E Capitol Ave		of employment and of payment of			
Pierre SD 57501 Phone: 605-773-3537	moving expenses.	of the Compton of State or			
PLEASE NOTE: The request and all supporting documentate later than 5:00 p.m. CT eight days prior to the Board					
Documentation received after that time will be processed at t					
comply with Bureau of Human Resources policies regarding pro	tection of personally identifiable in	nformation.			
Appl	ication				
••					
Name of Applicant	New Position Title	Agency Employed By			
Yearly Salary City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move			
really Salary City, State Moving From	new rost or Daily (City)	Diperculations I car of his			
Bureau of Human Resources Class Code	Employment Date with the State				
I hereby request authorization and approval to submit	a voucher for reimbursement	of actual household moving			
expenses subject to the limitations established by South Dal		_			
household moving expenses.					
Signature of Applicant	Date				
Autho	rization				
_					
The undersigned agent hereby certifies that the above indiv	idual is employed in a full-time po	sition with the above agency,			
that the agency ordered the applicant to move as indicated, and t	hat the move will be for the benefi	t of the State of South Dakota.			
The Agent further declares that, to the best of the Agent's knowledge.	ledge and belief, the request and au	thorization for reimbursement			
of actual household moving expenses are true and correct.					
Name of Authorized Agent	Position/ Title of Authorized Ag	ent			
•	-				
Signature of Authorized Agent Date	Agency of Authorized Agent				
Approval by State	e Board of Finance				
,					
Approved by the State					
Board of Finance on	re of Secretary, State Board of Fina	2750			
Date Signatu	ie or secretary, state Board of Filis	ance .			

Household Moving Allowance 20170701.doc Note: When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.

State Hosting Reimbursement Request - SDCL 3-9-2.1

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance - Office of Secretary of State Capitol Building - 500 E Capitol Ave - Pierre, SD 57501 Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Appl	ication				
Date:	Agency:				
Agency Address:					
Agency Phone Number:					
Employee Requesting Reimbursement:					
Total Amount of Reimbursement:					
Date(s) of Hosting Expense:					
Receipts Attached: Y/N					
Explanation of official business performed:					
Espaination of official outliers performed.					
incurred while hosting a prospect for business developme expenses were incurred through necessary duties of my empl state's interests, concerns, and activities and are supported by	nt of expenses, set forth in the voucher attached hereto, that were ent, trade, or a tourism promotional activity. I certify that the loyment with the State of South Dakota and in the furtherance of by the attached receipts. I declare and affirm under the penalties of the best of my knowledge and belief, is in all things true and				
Signature of Employee	Date				
Auth	orization				
I hereby certify that the above employee was authorized to incur the claimed expenses while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's claims were in the furtherance of state interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.					
Name of Department/Office Head	Position/Title of Agency Official				
Signature of Department/Office Head	Date				
State Board of Finance Approval					
Approval Date:	••				
	Signature of Secretary, State Board of Finance				

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance - Office of Secretary of State Capitol Building - 500 E Capitol Ave - Pierre, SD 57501 Phone: 605-773-3537

PLEASE NOTE: The request and all supporting <u>documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month.</u> Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Ap	plication				
Date:	Agency:				
Agency Address:					
Agency Phone Number:					
Employee Requesting Reimbursement:					
Total Amount of Reimbursement:					
Date(s) of Expense:					
Event Leave Time:	Event Return Time:				
Explanation of official business performed:					
incurred while conducting state business at my headquarte	ent of expenses, set forth in the voucher attached hereto, that were ers station or place of residence. I certify that the event extended ided a meal provision for which I was billed. I declare and affirm				
	nined by me, and to the best of my knowledge and belief, is in all				
Signature of Employee	Date				
Authorization I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.					
Name of Department/Office Head	Position/Title of Agency Official				
Signature of Department/Office Head	Date				
State Board of	Finance Approval				
Approval Date:					
	Signature of Secretary, State Board of Finance				

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.



Office of the State Auditor Richard L. Sattgast, State Auditor

500 East Capitol Avenue, Pierre, SD 57501-5070 Telephone: (605) 773-3341 ● Fax: (605) 773-5929 www.sdauditor.gov

OSA POLICY MEMO

RE: Policy regarding reimbursement of dues to the South Dakota Bar Association.

It is the policy of the State Auditor to reimburse or make payment of dues to the South Dakota Bar Association for those state employees whose regular responsibilities include providing legal advice to the State or as representation as an attorney on behalf of the State of South Dakota in the Courts.

It is not the intention of the State to pay dues to the South Dakota Bar Association for those employees who have a law degree but do not provide legal advice to the State as a regular job responsibility or represent the State as an attorney in court.

If you are an attorney representing the State of South Dakota in the Courts, or who provides legal advice to the State as part of your regular job responsibilities, please sign the verification below and return this form, along with agency authorization, with your voucher for payment of South Dakota Bar Association dues.					
	_, verify that I do represent the State of South Dakota as an attorney with dvice as part of my regular job responsibilities.	nir			
Claimant Signature	Date				
Agency Official Authorization	Date				